

## JOB APPLICATION

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### 1. PERSONAL INFORMATION.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Use additional sheets for any explanations you may wish to give about answers given below)

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### 2. WORK PREFERENCE.

Kind of work desired: \_\_\_\_\_ Salary or pay you expect: \_\_\_\_\_  
Describe your prior experience in the kind of work that you want: \_\_\_\_\_  
Describe any formal schooling or training you have for this work: \_\_\_\_\_  
List any licenses, security or bonding clearance or certificates that you have: \_\_\_\_\_  
Office skills (typing, machine operation, computer programs): \_\_\_\_\_  
Referral Source: \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Employment Agency  
\_\_\_\_\_ Other (please state the name of the agency or individual): \_\_\_\_\_

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### 3. AVAILABILITY FOR WORK.

Date available for work: \_\_\_\_\_, \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary  
Shifts or times that you will work: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Graveyards  
\_\_\_\_\_ Rotating \_\_\_\_\_ Weekends \_\_\_\_\_ Holidays  
Will you work daily overtime on occasion, if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Will you work extra days in the week, if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you want to work elsewhere or attend school while working here? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you have any continuing military obligations,  
such as the Guard or Reserves, which may affect your work schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### 4. PRESENT EMPLOYMENT.

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you authorize us to contact your present employer as a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No  
How much advance notice do you wish to give to your present employer? \_\_\_\_\_

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### 5. PERSONAL HEALTH.

If offered a position with Grantsville City Corporation, your employment may be conditioned upon the results of a medical examination, drug tests, and/or job-related physical ability tests.

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### 6. PRIOR EVENTS

Have you earned any pension or retirement credits,  
other the Social Security, in any prior employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked for this agency before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you have any friends or relatives working for Grantsville City Corporation?  
Do you authorize us to contact your previous employer(s) for references? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been terminated by a previous employer(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Have you ever been convicted of a felony?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
What are your hobbies or interests? \_\_\_\_\_

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## 7. EDUCATION AND TRAINING.

### High School.

Name of last High School attended: \_\_\_\_\_  
Address of last High School attended: \_\_\_\_\_  
Date last attended: \_\_\_\_\_  
Please circle highest year completed: K 1 2 3 4 5 6 7 8 9 10 11 12  
Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What was your grade point average? \_\_\_\_\_ on a scale of 1 to \_\_\_\_\_

### College or University.

Name of last College or University attended: \_\_\_\_\_  
Address of last College or University attended: \_\_\_\_\_  
Date last attended: \_\_\_\_\_  
What was your major in? \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What was your grade point average? \_\_\_\_\_ on a scale of 1 to \_\_\_\_\_  
Please circle the highest year of education that you have completed: 13 14 15 16 17 18 19 20  
What degree did you receive? \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate

### Other Schools (Trade, Correspondence, etc.).

Name of School attended: \_\_\_\_\_  
Address of School attended: \_\_\_\_\_  
Date last attended: \_\_\_\_\_  
What was your major in? \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What degree did you receive? \_\_\_\_\_

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## 8. EMPLOYMENT HISTORY.

Present Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # : \_\_\_\_\_  
Dates of Employment. From: \_\_\_\_\_ To: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Wages or Salary. Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # : \_\_\_\_\_  
Dates of Employment. From: \_\_\_\_\_ To: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Wages or Salary. Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_

Next Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # : \_\_\_\_\_  
Dates of Employment. From: \_\_\_\_\_ To: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Wages or Salary. Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_

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## 9. CERTIFICATE OF APPLICATION.

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause my employment to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of my termination of employment.

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Signature of Applicant

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Printed Name of Applicant

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Date